UNIFORM HAZARDOUS WASTE MANIFEST

Secramento,	ecramento, CA 95814			STATE ID N	UMBER	8304	421	.87	
Please print or type with BLITE type (12 characters per inch).					ANIFEST				
	GENERATO, NAME AND MAILING ADDRESS OIL & Solvent Process Co 1704 W. FIRST ST								
				EP	A ID NUN	D NUMBER			
	AREA COLE/PHONE NUMBER 2/3-334-5117		Lizeri	CADOO CONTAINER N	8310	2 90	3 J	MBER	11817
	DIL & SOLVENT PROCESS CO		VEH.	CONTAINENT	-				
	1764 W. FIRST ST								
	AZUSM. CA 91702			0. 2.2	71.0	(D) A) A	. 9 .2 i	M1/1/C	א מינ
				1					
	TRANSFORTER NO. 2/ALTERNATE TSD FACILITY								
			1,		. .			111	1 L
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY			<u> </u>		EPA	ID NU	MBER	
	Margon Chowiller CO								
PO HO	12504 W. WHITTIER BLUD WHITTIER CA. 90602 CHIPOHIZIZIHISTOLI								
FAA	AREA CODE/PHONE NUMBER				CA	1014	22	451	0011
ENE		UN/NA		TOTAL	UNIT WT/VOL	CONTA	INER	WASTE CAT NO	DISP.
∑ .	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	NUMBE	:H	QUANTITY	WINVOL	NO.			1.
BE FILLED IN BY GENERATOR	HAZARDOUS WASTE LIQUIDNOS ORME	MA1911	1819	12161010	G	11/	C17	21/1	1151
1 6	THE THE VOID WASTE FIND THE VIOLENCE VI				1	, ,			,
분	COMPONENTS				CONC	RANGE		UNI	TS
) BE					UPPER	LOW	ER	%	PPM
2					98	90		%	
	TRICHLOROTRIFLUORDETHANE					一十	1/		
	METHANOL ETHANOL WATER DIRT OIL				6	2		%	
	THE PHANOL P CHARLES				4	2	l	%	
	WATER DIRT Oil SPECIAL HANDLING INSTRUCTIONS Question on reprocessing								
	Due sum an upocessing								
	This is to certify that the above-named wastes are properly classified, describe	d, packaged, r	narked	and labeled, and of Transportation	are	40.	DAY	ח ר	YR.
and the EPA.									''''
	Printed or typed full name and signature Royal Cammas	h Kou	ist	CAMMA	ck	5	16	8 .	83
	the state of the s	To t				<u>₹</u> 0.	DAY	1 1	YR.
르照	TRANSPORTED 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WAS	TES .	s -	, d	REC'D	3	16		85
TO BE FILLED IN BY TRANSPORTER					& CEPTED		10		
FIL	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WAS	TES			DATE A	10.	DAY		YR.
HE A					& CEPTED	, 1	1		,
P M	Printed or typed full name and signature DISCREPANCY INDICATION SPACE								
_	DISCREPANCE INDICATION OF THE								
LED DF									
TO BE FILLED IN BY TSDF	Facility owner or operator: Certification of receipt of hazardous waste cover	red by this ma	nifest e	xcept as noted	D	ATE REC		— r	
) BE NB	in the discrepancy indication space above. Note: TSDF must complete wast number. See instructions.	e	EPA ID	NUMBER		ио.	DAY	1	YR.
↓	TIM RATTERNA I MANTENA	Jr. A. M.	1.4	7. 74.561	1/6	15	116	á l	87
	Printed or typed full name and signature TSDE SENDS THIS COPY	TO DOHS	ZIZI.	IN 15 DAYS	<u> </u>	<u> </u>	1. 1.3		